

### REMARKS

Responsive to the outstanding Office Action, applicant has carefully studied the Examiner's rejections. Favorable reconsideration of the application in light of the following amendments and detailed arguments is respectfully requested.

The claims pending in this application are claims 1-19. Claims 4 and 10 have been amended herein, and claims 14-19 are newly presented. It should be noted that claims 4 and 10 have been amended to refer to the general programme areas being at least some of diet, exercise, smoking and education. It is further submitted that no new matter has been presented in these amendments, nor in the claims newly presented.

### REJECTIONS UNDER 35 USC §102

Claims 1-13 were rejected under 35 USC 102(e) as being anticipated by Brown (US 6,151,586). The Examiner notes that Brown discloses a method of incentivising members of a disease management programme to comply with the programme. The Examiner, in detail, states that Brown shows each element of pending claim 1 in paragraph 2A, and in paragraphs 2B-2O details each of the dependent claims and the other independent claims in view of Brown.

In response thereto, applicants would first like to detail the present invention as defined in independent claim 1. Claim 1 defines a method of incentivising members of a disease management programme to comply with the programme. The method comprises first defining a plurality of general programme areas and a plurality of specific programme

areas. Each of the plurality of general programme areas are associated with each of the diseases managed by the programme. Each of the plurality of specific programme areas are associated only with those diseases managed by the programme to which the specific programme area is determined to be of particular benefit to a member afflicted with the disease. Points are awarded to a member for each of the programme areas in which the member participates, only if the member is afflicted with a disease which is associated with that particular programme area. Finally, rewards are allocated to the member if the points awarded to the member accumulate to a predetermined amount.

As noted above, the examiner has stated that US 6,151,586 (Brown) in col 12, lines 18-23, discloses the defining of a plurality of general programme areas and a plurality of specific programme areas and that Brown (col 12; lines 18-23) discloses the associating of each of the plurality of general programme areas with each of the diseases managed by the programme and associating each of the plurality of specific programme areas only with specific diseases.

Applicants respectfully disagree with the examiner, in terms of what is disclosed by Brown. The portions of the Brown document referenced here merely disclose that there is a customised health management program for different diseases. This disclosure simply does not disclose having 2 classes of programme areas as claimed: programme areas which apply to all diseases and programme areas which only apply to some diseases. This distinction is clearly made in independent claim 1.

Further, claim 1 of the present invention requires allocating points to a member for each of the programme areas in which the member participates if the member is afflicted with a disease which is associated with that particular programme area.

It is respectfully submitted that, contrary to the Examiner's assertions, Brown does not disclose this. Brown discloses rewarding an individual that is deemed compliant if they comply with all the requirements. This teaching of Brown is acknowledged by the examiner on page 3, paragraph B, of the official action where he sets out that *"...both criteria of questions being answered and measurements being within limits must be met if the coupon is to be given."* (emphasis added). Thus Brown deals with overall compliance or non compliance while the present invention deals with points allocation in the separate areas. The teaching of the present invention to incentivise members based upon their adherence to various areas is thus not present in Brown.

The applicant also submits that it is not at all surprising that Brown does not disclose these elements as the Brown reference is clearly directed towards a *computerised* reward system. In contrast, the present invention as claimed in claim 1 is focused more on the points and reward methodology to enhance member compliance, as opposed to the specific computer system used.

The Brown document discloses showing an educational programme to the individual but nowhere in the document discloses ensuring that the individual complies with at least some of diet, exercise, smoking and education. Again this is not surprising as the Brown document is not at all concerned with a plurality of general programme areas with which all

members of the disease management program must comply.

In the light of the above, the applicant submits that claim 1 is in fact new and inventive in the light of the Brown reference.

The newly presented dependent claims are directed towards the fact that the amount of the reward is related to the amount of points accumulated by the member and that the reward may be a cash payout, or special options on services such as airplane tickets, hotel accommodation and car rentals. In contrast, the Brown document simply discloses the issuing of a coupon if the program has been complied with. There is no disclosure of larger or smaller prizes depending on the level of compliance. Furthermore, the rewards disclosed by the present method would seem to be somewhat more meaningful than that disclosed by Brown (free yoghurt).

Similarly, independent claim 8 discloses a method of incentivising members of a disease management programme to comply with the programme. The method comprises first defining a plurality of general programme areas and a plurality of specific programme areas. Each of the plurality of general programme areas are associated with each of the diseases managed by the programme. Each of the plurality of specific programme areas are associated only with those diseases managed by the programme to which the specific programme area is determined to be of particular benefit to a member afflicted with the disease. A measurable is defined within each of the general and specific programme areas so that a member's performance within said programme area can be ascertained. A minimum level for each measurable is defined, which minimum level indicates a minimum

required level of member performance within each of the programme areas. Points are awarded to a member if the member obtains the minimum level of a measurable for a particular programme area only if the member is afflicted with a disease which is associated with that particular programme area. Rewards are thus allocated to the member if the points awarded to the member accumulate to a predetermined amount.

As with claim 1, it is submitted that the disclosure of Brown does not disclose having 2 classes of programme areas as claimed: programme areas which apply to all diseases and programme areas which only apply to some diseases. Also, contrary to the Examiner's assertions, Brown discloses rewarding an individual that is deemed compliant if they comply with all the requirements, as opposed to the teaching of the present invention. Again, Brown deals with overall compliance or non compliance while the present invention deals with points allocation in the separate areas. The teaching of the present invention to incentivise members based upon their adherence to various areas is thus not present in Brown. Claim 8 is thus allowable over the applied art of record.

Independent claims 12 and 13 are similar. Claim 12 defines a method of incentivising members of a disease management programme to comply with the programme. The method comprises defining a plurality of general programme areas and a plurality of specific programme areas. Each of the plurality of general programme areas are associated with each of the diseases managed by the programme. Each of the plurality of specific programme areas are only associated with those diseases managed by the programme to which the specific programme area is determined to be of particular benefit to a member who

is predisposed to being afflicted with the disease. Points are awarded to a member for each of the programme areas in which the member participates, only if the member is predisposed to being afflicted with a disease which is associated with that particular programme area. Rewards are allocated to the member if the points awarded to the member accumulate to a predetermined amount.

Independent claim 13 defines a method of incentivising members of a disease management programme to comply with the programme. A plurality of general programme areas and a plurality of specific programme areas are defined. Each of the plurality of general programme areas are associated with each of the diseases managed by the programme. Each of the plurality of specific programme areas are associated only with those diseases managed by the programme to which the specific programme area is determined to be of particular benefit to a member who is predisposed to being afflicted with the disease. A measurable is defined within each of the general and specific programme areas so that a member's performance within said programme area can be ascertained. Likewise, minimum levels for each measurable are defined, which minimum level indicates a minimum required level of member performance within each of the programme areas. Points are awarded to a member if the member obtains the minimum level of a measurable for a particular programme area only if the member is predisposed to being afflicted with a disease which is associated with that particular programme area. Rewards are allocated to the member if the points awarded to the member accumulate to a predetermined amount.

It can be seen that the same arguments that were applicable to independent claim 1 are applicable to independent claims 12 and 13, and these claims are thus allowable over the applied art of record.

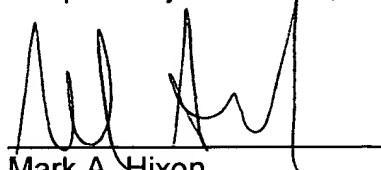
For the reasons stated above, it is respectfully submitted that independent claims 1, 8, 12 and 13 are allowable over the applied art of record. Claims 2-7, 9-11 and 14-19 depend, directly or indirectly, from what are believed to be allowable base claims for the reasons stated hereinabove, and are believed to be allowable based, at least, upon this dependence.

#### SUMMARY

Claims 1-19 are thus believed to be allowable. It is therefore submitted that the application is now in condition for allowance, and action towards that end is respectfully requested.

Should the Examiner wish to modify the application in any way, applicant's attorney suggests a telephone interview in order to expedite the prosecution of the application.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Mark A. Hixon', written over a horizontal line.

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